## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## 206558 **DOCUMENT#**

1. Entity Name

SLAVIK, INC.

Principal Place of Business

FARMINGTON HILLS MI 48334

32605 W. 12 MILE ROAD. SUITE 350



**FILED** Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90252 023 \*\*\*150.00

Mailing Address 32605 W. 12 MILE ROAD, SUITE 3 FARMINGTON HILLS MI 48334	50	I indaha mani daha dahar dinah d
TARIMINOTOR TREES AN 1999.		: 100140 MAN 00140 DIREC BIRLE B

2. Principal Pla	ace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State			<b>4.</b> FI	38-6076195		Applied For Not Applicable			
-								¢0.75	<del></del>		
Zip	Country	Zip	Zip Cour		1	,	5. Certificate of Status Desired		75 Additional Required		
		7. Name and Address of New Registered Agent									
6. Name and Address of Current Registered Agent					Name						
CAPITAL CONNECTION, INC.					Street Address (P.O. Box Number is Not Acceptable)						
417 E. VIRGINIA STREET., SUITE 1											
	SEE FL 32301						•				
TALLATIAGGE I E GEGG.				-	City		F	L Zip	Code		
8. The above the obligati	named entity submits this statement for one of registered agent.	the purpos	se of changing its r	 registered	office or regi	istered age	ent, or both, in the State of Florida. I a	m familiar v	vith, and accept		
SIGNATURE -	Signature, typed or printed name of registered agent an	d title if applica	able. (NOTE	: Registered	Agent signature rec	quired when re	instating) DAT	E			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing     Trust Fund Contribution.		5.00 May Be dded to Fees		
10.	OFFICERS AND D		S	11.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 11		
TITLE	VP		☐ Delete	TITLE				☐ Cha	nge 🗌 Addition		
NAME	LAURIA, DEL J.			NAME							
	32605 W. 12 MILE ROAD SUITE 3	50		- 1	T ADDRESS						
CITY-ST-ZIP	FARMINGTON HILLS MI 48334	CIT		CITY-	ST-ZIP			r cha	inge Addition		
TITLE	VPS		☐ Delete	TITLE				Cha	inge		
NAME	GOLD, ERIC A.			NAME	1						
STREET ADDRESS	32605 W. 12 MILE ROAD, SUITE :	350			T ADDRESS ST-ZIP						
CITY-ST-ZIP	FARMINGTON HILLS MI 48334			TITLE			-	— D Cha	inge 🔲 Addition		
TITLE	Į T		Delete	NAME							
NAME STREET ADDRESS	FRASCO, JOHN W. 32605 W. 12 MILE ROAD., SUITE	350		4	T ADDRESS						
CITY-ST-ZIP	FARMINGTON HILLS MI 48334	400		CITY-	ST-ZiP						
TITLE	PD		☐ Delete	TITLE				☐ Cha	ange 🔲 Addition		
NAME	SLAVIK, RICHARD			NAME							
	32605 W 12 MILE ROAD				T ADDRESS						
CITY-ST-ZIP	FARMINGTON HILLS MI 48334			CITY-	ST-ZIP				ange		
TITLE	EVP	•	Delete	TITLE	i			☐ Cha	ange L Addition		
NAME	SLAVIK, STEPHAN F			NAMI	T ADDRESS						
STREET ADDRESS	32605 W 12 MILE ROAD	•			ST-ZIP				ļ		
CITY-ST-ZIP	FARMINGTON HILLS MI 48334			_	<del>-</del>			☐ Ch	ange		
TITLE	1		☐ Delete	TITLE NAM					. –		
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STREET ADDRESS CITY-ST-ZIP					-ST-ZIP						
0111-01-41F	1			_1_							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #